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LISA M BAILY
4098 LOCUST DR

NORTHAMPTON, PA 18067-9513

MEMBER: LISA M BAILY
MEMBER ID NO: 0172563732
CUSTOMER NAME: AETNA INC.
CUSTOMER CSA: 698456-22-001
REFERENCE NO: 1833-5060-0000
CLAIM ADMINISTRATOR: AETNA LIFE INSURANCE COMPANY

08/10/2001

This is in response to your request for disability (re)certification for your absence from work commencing on 08/02/2001.

CERTIFICATION DECISION

FROM DATE	NUMBER OF DAYS	THROUGH DATE	DECISION
08/02/2001	0		Denied-SEE REMARK #1

Remark #1: To be disabled under your plan, you must be unable to perform the material duties of your own occupation solely because of injury or illness. Aetna cannot certify your disability because we have not received medical information to show that you are disabled. If you have medical information you want considered, please send it as soon as possible to the address below.

Your supervisor will determine if your disability can be considered under the Family and Medical Leave Act.

When we consider a person's eligibility for benefits under the provisions of their disability plan, we generally seek the following information for each diagnosis:

What is the specific supporting clinical and diagnostic information for each diagnosis? This includes history, physical exam, laboratory and radiological findings.

A description of the current treatment plan for each diagnosis.

Specific plans for any further tests, consultations, and possible treatments, as well as the estimated length of time for treatment of each diagnosis.

Clear identification of the current medical providers and the specific diagnoses that each is treating. If one physician is coordinating care, please clearly identify that physician.

Clear statements regarding any functions that are limited because of each diagnosis.

CERTIFICATION IS BASED UPON THE MEDICAL INFORMATION PROVIDED. THIS NOTICE IS NOT A GUARANTEE OF BENEFITS. PAYMENT OF BENEFITS IS SUBJECT TO ANY SUBSEQUENT REVIEW(S) OF MEDICAL INFORMATION OR RECORDS, THE MEMBER'S ELIGIBILITY ON THE DATE THE DISABILITY BEGINS, AND ANY OTHER PROVISIONS OF THE PLAN.

Review

You are entitled to a review of this certification decision if you do not agree. To obtain a review, you or your representative should submit a written request. Your written request should include the group's name (e.g., employer), your name, social security number and other identifying information shown on the front of this notice, and the issues, comments or additional medical information you would like to have considered. You may also ask for copies of documents pertinent to your request.

The written request must contain the information described above and must be mailed or delivered within 60 days following receipt of this notice. Ordinarily, you will receive notification of the final determination within 60 days following receipt of your request. If special circumstances require an extension of time for the decision, you will be notified during those 60 days.

If you have any questions concerning this notice - please address inquiries to: Aetna Disability Services, P.O. Box 17536, Portland, ME 04101-7536; telephone: 1-888-554-0887.

This certification decision is also being sent to:
TOTAL HEALTH & DISABILITY SVCS

8-14-01

Barbara

8-17-01 Linda

8-30-01 Marie

Days

said it was not denied, it is still
in review

8-31-01 Linda

9-4-01 Linda

8-29 went to nurses - 5 days
to review